

PO1000108502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

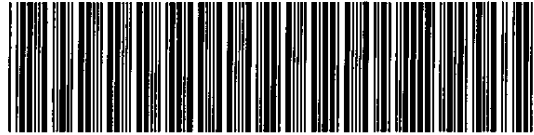
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Amend/Name  
Chg  
@ 7.11.06



200076625452

06/27/06--01025--003 \*\*35.00

FILED  
06 JUL 11 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

July 1, 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NURSE SOURCE, INC.

**DOCUMENT NUMBER:** PO1000108502

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CALLIE CREWS

(Name of Contact Person)

NURSE SOURCE CORPORATION

(Firm/ Company)

106 EAST MACCLENNY AVENUE

(Address)

MACCLENNY, FL 32063

(City/ State and Zip Code)

For further information concerning this matter, please call:

CALLIE CREWS

(Name of Contact Person)

at ( 904 ) 259-2935

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

NURSE SOURCE CORPORATION  
106 E. MACCLENNY AVENUE  
MACCLENNY, FL 32063  
PHONE (904) 259-2935 FAX (904) 653-2455

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July 7, 2006

Ms. Irene Albritton  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Albritton,

I spoke with the Amendment Section today and I was requested to Resubmit the amendment paperwork enclosed to you. Please process ASAP.

Thank you very much for your assistance.

Sincerely,

*Callie Crews*

Callie Crews  
Nurse Source Corporation

RECEIVED  
JUL 11 AM 8:00  
OFFICE OF THE CLERK  
STATE OF FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

EFFECTIVE DATE  
July 1, 2006

NURSE SOURCE, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

PO1000108502

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

NURSE SOURCE CORPORATION

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

CHANGE EIN FROM #59-3755282 TO EIN#20-4319637

06 JUL 11 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: JUNE 26, 2006

Effective date if applicable: JULY 1, 2006  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by  
\_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

Callie Crews  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CALLIE CREWS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**